

02-05-00

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. JBP-480

First Named Inventor or Application Identifier

McMeekin

Express Mail Label No. EE718928948US

JC678 U.S.P.T.O.
09/50/2000
02/14/2000**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

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| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (<i>attached hereto in duplicate</i>)
2. <input checked="" type="checkbox"/> Specification [Total Pages 22]
<i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure
3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 12] | | 6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement
<i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> 14. <input type="checkbox"/> Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i>
15. <input type="checkbox"/> Other: |
| 4. Oath or Declaration <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly unexecuted (original or copy) b. <input type="checkbox"/> Unexecuted original c. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>Deletion of Inventor(s)</u>
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
5. <input type="checkbox"/> Incorporation by Reference
<i>(useable if Box 4c is checked)</i>
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | | |
| 16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:
Amend the specification by inserting before the first line: -- This is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional
<input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: , filed --
17. For this divisional application, please cancel original Claims of the prior application before calculating the filing fee. | | |

18. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labelor Correspondence Address below

Name: Audley A. Ciamporcero, Jr., Esq.

Address: Johnson & Johnson

One Johnson & Johnson Plaza

New Brunswick, NJ 08933-7003 USA

19. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Michele G. Mangini at:

Telephone: (732) 524-2810 Fax: (732) 524-2808

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Michele G. Mangini Reg. No. 36806

SIGNATURE

February 14, 2000

FEE TRANSMITTAL

Complete if Known

Application Number	N/A
Filing Date	February 14, 2000
First Named Inventor	McMeekin
Group Art Unit	0
Examiner Name	N/A
Attorney Docket Number	JPB-480

FEE CALCULATION**CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$760.00
TOTAL CLAIMS	46 - 20 =	26	x 18.00	\$468.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 78.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$260.00	
			TOTAL FEES	\$1,228.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/JBP-480/MGM in the amount of \$1,228.00.
Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/JBP-480/MGM. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Michele G. Mangini	Reg. No. 36,806
Signature		Date: February 14, 2000 Deposit Account No. 10-0750

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: McMeekin, Dabi

For : Textured Film Devices

Express Mail Certificate

"Express Mail" mailing number: EE718928948US

Date of Deposit: February 14, 2000

I hereby certify that this complete application, including 22 specification pages (which includes 1 page of Abstract), 46 claims (4 sheets), 12 sheets of formal drawings, and unexecuted Declaration/Power of Attorney form, are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Alwin M. Haywood

(Typed or printed name of person mailing paper or fee)


(Signature of person mailing paper or fee)